

Arkansas

Arkansas Department of Environmental Quality (ADEQ)

Re: 7520 Reports for the Fourth Quarter of FY2012

4th Quarter Period: (October 1, 2011 --- September 30, 2012)

Date: (Monday) October 29, 2012

Time: 8:00am

Reference File

Code: WA-UI-PP



ARKANSAS
Department of Environmental Quality

OCT 29 2012

Omar T. Martinez, Environmental Scientist
Ground Water/UIC [6WQ-SG]
U. S. Environmental Protection Agency Region 6
1445 Ross Avenue, Suite 1200
Dallas, TX 75202-2733

RE: 7520 Reports for the Fourth Quarter of FY 2012

Dear Mr. Martinez:

The 7520 reports for the Fourth Quarter of FY 2012 are enclosed. Please do not hesitate to contact me by phone at (501) 682-0646 or by e-mail at hanson@adeq.state.ar.us with any questions.

Sincerely,


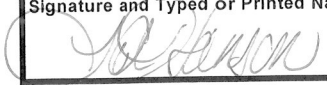
A handwritten signature in cursive script, appearing to read "Linda Hanson", is written over a light gray circular background.


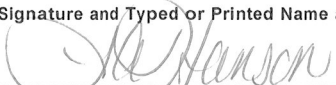
Linda Hanson
Geologist P. G.
Permits Branch, Water Division

cc: Mike Vaughan, 6WQ-AT (Vaughan.Michael@epamail.epa.gov)
Robert Todd, 6WQ-AT (Todd.Robert@epamail.epa.gov)
UIC Files

**Reference File
Code: WA-UI-PP**

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460 EPA UIC Federal Reporting System Part I: Permit Review and Issuance/ Wells in Area of Review (This information is solicited under the authority of the Safe Drinking Water Act)				I. Name and Address of Reporting Agency United States Environmental Protection Agency Arkansas Department of Environmental Quality 5301 Northshore Drive North Little Rock, AR 72118-5317						
II. Date Prepared (month, day, year) 10/22/2012		III. State Contact (name, telephone no.) Linda Hanson, (501) 682-0646		IV. Reporting Period (month, year) From October 1, 20 ¹¹ To 09/30/2012						
Item				Class and Type of Injection Wells						
				I	II			III	IV	V
					SWD 2D	ER 2R	HC 2H			
V. Permit Application	Number of Permit Applications Received									0
VI. Permit Determination	Permit Issued	A	Number of Individual Permits Issued (One Well)	New Wells	0					0
			Existing Wells	1					0	
		B	Number of area Permits* Issued (Multiple Wells) (*See instructions on back)	New Well Field	0					0
			Existing Well Field	3					1	
	C	Number of Wells in Area Permits (See B above)	New Wells	0					0	
		Existing Wells	8					0		
Permit Not Issued	D	Number of Permits Denied/Withdrawn (after complete technical review)		0					0	
Modification Issued	E	Number of Major Permit Modifications Approved		0					0	
VII. Permit File Review	Number of Rule-Authorized Class II Wells Reviewed			Wells Reviewed	NA					NA
				Wells Deficient	NA					NA
VIII. Area of Review (AOR)	Wells Reviewed	A	Number of Wells in Area of Review	Abandoned Wells	0					0
				Other Wells	0					0
	Wells Identified for C/A	B	Number of Wells Identified for Corrective Action	Abandoned Wells	0					0
				Other Wells	0					0
	Wells with C/A	C	1. Number of Wells in AOR with Casing Repaired/Recemented C/A		0					0
			2. Number of Active Wells in AOR Plugged/Abandoned		1					0
			3. Number of Abandoned Wells in AOR Replugged		0					0
			4. Number of Wells in AOR with "Other" Corrective Action		0					0
IX. Remarks/Ad Hoc Report (Attach additional sheets if necessary) 										
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.										
Signature and Typed or Printed Name and Title of Person Completing Form Linda Hanson, Geologist P.G.								Date 10/22/2012	Telephone No. (501) 682-0646	

 <p>United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460</p> <p>UIC Federal Reporting System Part II: Compliance Evaluation</p> <p>(This information is solicited under the authority of the Safe Drinking Water Act)</p>				I. Name and Address of Reporting Agency United States Environmental Protection Agency Arkansas Department of Environmental Quality 5301 Northshore Drive North Little Rock, AR 72118-5317							
II. Date Prepared (month, day, year) 10/22/2012				III. State Contact (name, telephone no.) Linda Hanson, (501) 682-0646				IV. Reporting Period (month, year) From October 1, 2011 To 09/30/2012			
				Class and Type of Injection Wells							
				I	II			III	IV	V	
				SWD 2D	ER 2R	HC 2H					
V. Summary of Violations	Total Wells	A	Item	0						0	
	Total Violations	B	1. Number of Wells with Violations	0						0	
			1. Number of Unauthorized Injection Violations	0						0	
			2. Number of Mechanical Integrity Violations	0						0	
			3. Number of Operation and Maintenance Violations	3						0	
			4. Number of Plugging and Abandonment Violations	0						0	
			5. Number of Monitoring and Reporting Violations	0						0	
6. Number of Other Violations (Specify)	0						0				
VI. Summary of Enforcement	Total Wells	A	Item	0						0	
	Total Enforcement Actions	B	1. Number of Wells with Enforcement Actions	0						0	
			1. Number of Notices of Violation	0						0	
			2. Number of Consent Agreements	0						0	
			3. Number of Administrative Orders	0						0	
			4. Number of Civil Referrals	0						0	
			5. Number of Criminal Referrals	0						0	
			6. Number of Well Shut-ins	0						0	
7. Number of Pipeline Severances	0						0				
8. Number of Other Enforcement Actions (Specify)	0						0				
VII. Summary of Compliance	Number of Wells Returned to Compliance		A. This Quarter	1						0	
			B. This Year	3						0	
VIII. Contamination	Number of Cases of Alleged Contamination of a USDW			0						0	
IX. MIT Resolved	Percent of MIT Violations Resolved in 90 Days			100						100	
X. Remarks/Ad Hoc Report (Attach additional sheets)											
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.											
Signature and Typed or Printed Name and Title of Person Completing Form  Linda Hanson, Geologist P.G.								Date 10/22/2012		Telephone No. (501) 682-0646	

 <p>United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460</p> <p>UIC Federal Reporting System Part II: Compliance Evaluation Significant Noncompliance (This information is solicited under the authority of the Safe Drinking Water Act)</p>				I. Name and Address of Reporting Agency United States Environmental Protection Agency Arkansas Department of Environmental Quality 5301 Northshore Drive North Little Rock, AR 72118-5317						
II. Date Prepared (month, day, year) 10/22/2012		III. State Contact (name, telephone no.) Linda Hanson, (501) 682-0646		IV. Reporting Period (month, year) From October 1, 20 11 To 09/30/2012						
Item				Class and Type of Injection Wells						
				I	II			III	IV	V
				SWD 2D	ER 2R	HC 2H				
V. Summary of Significant Non- Compliance (SNC)	Total Wells	A	Number of Wells with SNC Violations	3						
	Total Violations	B	1. Number of Unauthorized Injection SNC Violations	0						0
			2. Number of Mechanical Integrity SNC Violations	0						0
			3. Number of Injection Pressure SNC Violations	0						0
			4. Number of Plugging and Abandonment SNC Violations	0						0
			5. Number of SNC Violations of Formal Orders	0						0
			6. Number of Falsification SNC Violations	0						0
			7. Number of Other SNC Violations (Specify)	0						0
VI. Summary of Enforcement Against SNC	Total Wells	A	Number of Wells with Enforcement Actions Against SNC	0						0
	Total Enforcement Actions	B	1. Number of Notices of Violation	0						0
			2. Number of Consent Agreements/Orders	0						0
			3. Number of Administrative Orders	0						0
			4. Number of Civil Referrals	0						0
			5. Number of Criminal Referrals	0						0
			6. Number of Well Shut-ins	0						0
			7. Number of Pipeline Severances	0						0
8. Number of Other Enforcement Actions Against SNC Violations (Specify)	0						0			
VII. Summary of Compliance	Number of Wells in SNC Returned to Compliance		A. This Quarter	1						0
			B. This Year	3						0
VIII. Contamination	Number of Cases of Alleged Contamination of a USDW			0						0
IX. Well Closure	Class IV/Endangering Class V Well Closures			Involuntary Well Closure					0	0
				Voluntary Well Closure					0	0
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.										
Signature and Typed or Printed Name and Title of Person Completing Form  Linda Hanson, Geologist P.G.								Date 10/22/2012	Telephone No. (501) 682-0646	

<p>United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460</p> <p>UIC Federal Reporting System Part III: Inspections Mechanical Integrity Testing</p> <p>(This information is solicited under the authority of the Safe Drinking Water Act)</p>				<p>I. Name and Address of Reporting Agency</p> <p>United States Environmental Protection Agency Arkansas Department of Environmental Quality 5301 Northshore Drive North Little Rock, AR 72118-5317</p>									
<p>II. Date Prepared (month, day, year)</p> <p>10/22/2012</p>		<p>III. State Contact (name, telephone no.)</p> <p>Linda Hanson, (501) 682-0646</p>		<p>IV. Reporting Period (month, year)</p> <p>From October 1, 2011 To 09/30/2012</p>									
				Class and Type of Injection Wells									
				I	II SWD 2D	ER 2R	HC 2H	III	IV	V			
V. Summary of Inspections	Total Wells	A	Number of Wells Inspected	56							0		
	Total Inspections	B	1. Number of Mechanical Integrity Tests (MIT) Witnessed	14							0		
			2. Number of Emergency Response or Complaint Response Inspections	0							0		
			3. Number of Well Constructions Witnessed	0							0		
			4. Number of Well Pluggings Witnessed	1							0		
			5. Number of Routine/Periodic Inspections	56							0		
VI. Summary of Mechanical Integrity (MI)	Total Wells	A	Number of Wells Tested or Evaluated for Mechanical Integrity (MI)	14							0		
		B	No. of Rule-Authorized Wells Tested/Evaluated for MI	Passed 2-part test	0							0	
			Failed 2-part test	0								0	
	For Significant Leak	C	1. Number of Annulus Pressure Monitoring Record Evaluations	Well Passed	14							0	
				Well Failed	0							0	
			2. No. of Casing/Tubing Pressure Tests	Well Passed	0								0
				Well Failed	0								0
			3. Number of Monitoring Record Evaluations	Well Passed	0								0
				Well Failed	0								0
			4. No. of Other Significant Leak Tests/Evaluations (Specify)	Well Passed	0								0
				Well Failed	0								0
	For Fluid Migration	D	1. Number of Cement Record Evaluations	Well Passed	0							0	
				Well Failed	0							0	
			2. Number of Temperature/Noise Log Tests	Well Passed	1								0
				Well Failed	0								0
			3. No. of Radioactive Tracer/Cement Bond Tests	Well Passed	5								0
Well Failed				0								0	
4. No. of Other Fluid Migration Tests/Evaluations (Specify)			Well Passed	0								0	
			Well Failed	0								0	
VII. Summary of Remedial Action	Total Wells	A	Number of Wells with Remedial Action	0							0		
	Total Remedial Actions	B	1. Number of Casing Repaired/Squeeze Cement Remedial Actions	0							0		
			2. Number of Tubing/Packer Remedial Actions	0							0		
			3. Number of Plugging/Abandonment Remedial Actions	0							0		
			4. Number of Other Remedial Actions (Specify)	0							0		

VIII. Remarks/Ad Hoc Report (Attach additional sheets)

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature and Typed or Printed Name and Title of Person Completing Form

Linda Hanson, Geologist P.G.

Date

10/22/2012

Telephone No.

(501) 682-0646



United States Environmental Protection Agency
Office of Ground Water and Drinking Water
Washington, DC 20460

UIC Federal Reporting System
Part IV: Quarterly Exceptions List

(This information is collected under the authority of the Safe Drinking Water Act)

OMB No. 2040-0042
Approval expires 4/30/07

I. Reporting Period

From
10/01/2011

To
09/30/2012

II. Well Class and Type	III. Name and Address of Owner/Operator	IV. Well ID No. (Permit No.)	V. Summary of Violations							VI. Summary of Enforcement							VII. Date Compliance Achieved			
			Date of Violation	Mark ('X') Violation Type						Date of Enforcement	Mark ('X') Enforcement Type									
				Unauthorized Injection	Well Mechanical Integrity	Injection Pressure	Plugging and Abandonment	Formal Order	Falsification	Other (Specify)	Notice of Violation	Consent Agreement	Administrative Order	Civil Referral	Criminal Referral	Well Shut-in	Pipeline Severance	Other (Specify)		
I	SNC (see attachment)	0010-UR-3	03/27/2012	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03/30/2012
		0011-U	05/30/2012	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05/30/2012
		0010-UR-3	08/13/2012	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08/13/2012
III	No violations or enforcement			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IV	No violations or enforcement			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
V	No violations or enforcement			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Signature of Person Completing Form

Typed or Printed Name and Title

Date

Telephone No.

Linda Hanson, P.G.

10/22/2012

(501) 682-0646